**Percutaneous mechanical thrombectomy in a complex bypass occlusion clinical case**

Migliara B, Mirandola M, Griso A, Cappellari TF, Lino M  
Vascular and Endovascular Surgery Department - Pederzoli Hospital - Peschiera del Garda

### Clinical Case

- **Male, 71 y**  
- Rutherford 4  
- Arterial hypertension; Dyslipidaemia; Smoker  
- TcpO2 = 8 mmHg  
- Without autologous veins suitable for bypass

**3 previous surgical revascularizations**

- **Femoro-tibial extra-anatomic lateral composite bypass**  
  from profuda femoralis artery to anterior tibial artery  
  _occluded after 16 months_

### Treatment

- Impossibility to find and go through the proximal anastomosis
- Retrograde distal anterior tibial artery puncture
- Guidewire through distal and proximal anastomosis

**Antegrade rotational mechanical thrombectomy (ROTAREX S 8F)**

- PTA of proximal and distal anastomoses with drug eluting balloon

### Conclusion

This very complex case and all of our experience (21 cases) suggest that mechanical thrombectomy, with Rotarex S, is an effective and safe treatment in complex bypass occlusion.